(1) PLACE OF BIRTH

County of Georgetown

Township of .....

or

Inc. Town of .....

or

City of Georgetown

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
6959

Registration District No. 210 Registered No. 7
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Emily Hazel Allen (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? To be answered only in event of Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 7 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Daniel Worley Allen

(9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.

(10) COLOR OR RACE [redacted]

(11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Lumberton N.C.

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth two

MOTHER.

(14) NAME BEFORE MARRIAGE Emily Gertrude Pegram

(15) PRESENT POSTOFFICE OF MOTHER Georgetown S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY [redacted] (Years)

(18) BIRTHPLACE Georgetown S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) D L Pearson M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Georgetown S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 19 23 (28) Mrs. R. C. King
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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McCaw of Columbia, Columbia, S. C.